MOUNTAIRE FARMS Time Off Request Form

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Name Syrinus Baquell Date of Hire 1/23/96 Full-time	1.05.98 Department Line Hand 81
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MOUNTAIRE FARM Request for Vacation		
SECTION 1 To Be Completed by Employee Date of Hire	2/11/85	Dept. <u>5622</u> EY
Employee Name: Richard Foremass	ш.	Union Sylvinon Hourly Salaried
VACATION:	- was	
☐ ½ Day Date Requested		
☐ Full Day(s) Date(s) Requested		
FLOATING HOLIDAY: Date Requested	(circle one) Calendar (Anniversar	· · · · · · · · · · · · · · · · · · ·
I understand that if this request is granted, I am to return on the nex contact my supervisor and the Human Resources Department to adv	scheduled work day. If anything slice them of my circumstances. They	hould prevent my return, I will will counsel accordingly.
X Pichard Foreman Employee Signature	7 - 1 Date	7-03:
. , ,	BARRESTER ST. FREEZE ST.	
NOTE: This form must be completed and received by the Human Re If 2-week notification is not given, vacation/holiday pay may be delayed	sources Department at least 2 weeks ed.	prior to the requested day(s) off.
SECTION 2 To Be Completed by Human Resources		03 JUL 7
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2) Days Requested: 3) Days Remaining: (1 - 2 = 3) Human Resources Representative's Signature SECTION 3 To Be Completed by Employee's Supervisor(s)	Total Days Due: Days Requested: Days Remaining: Date Date	PAYROLL JUL 0 5 2003 WEEK ENDIME
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		Request for	MOUNTA Vacation of		Holiday	,	
SECTION		ed by Employee		•			56 <u>8</u> 2
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VACATION: □ Othe	PF						
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FOR OFFICE USE ONLY:	# OF DAYS DUE		
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WEEK ENDING

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MOUNTAIRE Time Off Request Form

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MOUNTAIRE Time Off Request Form

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	OUNTAIRE FARMS Request for Vacation or	Floating Holiday	,	
SECTION 1 To Be Complet	ed by Employee Date of Hire	2/30/08/96	Dept.	5620
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MOUNTAIRE FARMS Request for Vacation of	-
SECTION 1 To Be Completed by Employee Date of Hire C	Dept. 5622-C4 Dept. 5622-C4 Dept. 5622-C4 Dept. 5622-C4 Dept. 5622-C4
VACATION: Date Requested Full Day(s) Date(s) Requested	
FLOATING HOLIDAY: Date Requested 8 29 03	(circle one) Calendar Anniversary
I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise to the Model of	hem of my circumstances. They will counsel accordingly. 29/03 Date
SECTION 2 To Be Completed by Human Resources Vacation 1) Total Days Duc: 2) Days Requested: 3) Days Remaining: (1 - 2 - 3)	Total Days Due: Days Requested: Days Remaining: Date
Human Resources Representative's Signature	Date Date
SECTION 3 To Be Completed by Employee's Supervisor(s) and SUPERVISOR: Approved Disapproved	Vor Manager(s) SUPERINTENDENT: Approved Disapproved
Signature Date 829 00	Signature Date
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved ☐ Disapproved ☐
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE IF DISAPPROVED, REASONS WILL BE STATED ON REVE	

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MOUNTAIRE FARM Request for Vacation		•
SECTION 1 To Be Completed by Employee Date of Hire	9/30/29/0 Dept. 5620	
Employee Name: Yalenting Mocks SS#	Union Non-Union House	
VACATION:		7
☐ 1/2 Day Date Requested		
FLOATING HOLIDAY: Date Requested 9 28 01	(circle one) Calendar Anniversary	
I understand that if this request is gronted, I am to return on the n will contact my supervisor and the Human Resources Department accordingly.	to advise them of my circumstances. They will counsel	7
Halantino Norto	1 9/24/01	_
NOTE: This form must be completed and received by the Human R off. If 2-week notification is not given, vacation/holiday pay may be	Resources Department at least 2 weeks prior to the requested day(s a delayed.	3)
SECTION 2 To Be Completed by Human Resources Vacation	Floating Holidays	
1) Total Days Due:	Total Days Due:	
2) Days Requested:	Days Requested:	
3) Days Remaining: (1 - 2 = 3)	Days Remaining	
Human Resources Representative's Signature	Date	-
SECTION 3 To Be Completed by Employee's Supervisor(s	's) and/or Manager(s)	
SUPERVISOR: Approved Disapproved D	SUPERINTENDENT: Approved Disapproved I	⋾
Signature Date	Signature Date	
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Request for	MOUNTA Vacation or	ARE Floating Holiday	Y	
SECTION 1 To Be Completed by Employee Employee Name: Valentino Nocks	Hue Date.		Dept.	5622-4 □ Hourly □ Salaried
VACATION: Other Date Requested	_ Time Re	equested FROMTO		
FLOATING HOLIDAY: Date Requested Ori. Oct.	<u>3, 2003</u>	(circle one) Calendar Annive	rsary	
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SECTION 2 To Be Completed by Human Reso	urces	DATE OF HIRE:		
Vacation		Fl	oating Holida	iys
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Human Resources Representative's Signature		Date		
SECTION 3 To Be Completed by Employee's S SUPERVISOR: Approved Disapproved	Supervisor(s) and/o	or Manager(s) SUPERINTENDENT:	Approved □	Disapproved □
Jacob Jamion. Signature Date		Signature		Date
FOREMAN: Approved Disapproved		PLANT MANAGER:	Approved 🗆	Disapproved □
Signature Date		Signature		Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PA	AYROLL; WHITE TO STATED ON REVER	O PERSONNEL/VACATION FI SE SIDE.	ILE.	·

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MOUNTAIRE FARMS O Request for Vacation or F	F DELIVIARVA loating Holiday		
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BECHONI		Union Non-Ur	R R
Employee Name: Valentino Nocks ss#.		Salaries	
VACATION:			
Date Requested Date(s) Requested	only (1	week	
	(circle one)		
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Human Resources Representative's Signature	Date		**=:
SECTION 3 To Be Completed by Employee's Supervisor(s) and			p:1[]
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FOREMAN: Approved Disapproved	PLANT MANAGER: Signature TO PERSONNEL/VACATION I		Disapproved []

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Request	or vacanos. al	30/96	Dep	<u> غط5_</u> ،	20
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Date Requested understand that if this request is granted, I am contact my supervisor and the Human Resource	to return on the next sch	hem of my circumstances.	They will	coimsel acco	rdingly.
contact my supervisor was an		10	35	<u>-02</u>	
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Employee Signature		Donartmeni at least 2	weeks pri	or to the reque	ested day(3) off.
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NOTE: This form must be completed and received to the second of the seco	iday pay may be delayed.				
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MOUNTAIRE Time Off Request Form

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Date of Hire 6 - 6 - 9.4	Department	Tive Harl
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Day/Date(s) Requested	ANTO RETURN ON THE NEXT SCHEDULED	WORK DAY AND THAT IF ANYTHING SE THEM OF THE CIRCUMSTANCES.
Pichers Signature	$\frac{3/22}{Date}$	100
		/
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FOREMAN'S SIGNATURE	DATE	_APPROVEDDISAPPROVED
SUPERINTENDENT'S SIGNATURE	DATE	□APPROVED □DISAPPROVED
PLANT MANAGER'S SIGNATURE	DATE	□APPROVED □DISAPPROVED
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MOUNTAIRE Time Off Request Form

Name Richard Satche	<u> </u>
Date of Hire lo lo gy	Department Zive Hau
D UNION D NON-	JNION HOURLY
(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar
	Personal/Floating 1234 - 3 2569 Holiday - Anniversary
Day/Date(s) Requested WANTS I UNDERSTAND THAT IF THIS REQUEST IS GRAN. SHOULD PREVENT MY RETURN I WILL CONTACT MY THET WILL COUNSEL ACCORDINGLY. Richard Satchell Employee's Signature	Vacation Check on the 8th of June 12 to 12 to 12 to 13 to 14 to 15 to 16
L Jach Januon- SUPERVISOR'S SIGNATURE	DATE DATE DATE
FOREMAN'S SIGNATURE	DATE TAPPROVED IDISAPPROVED
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MUUNTAIRE Time Off Request Form

11111	ie On Request Form	
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Date of Hire U/16 GU.	Departmen	ne Live Hand
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(CHECK ONE): Vacation	Personal/Floating Holiday - Calendar Personal/Floating Holiday - Anniversary	
Day/Date(s) Requested	ey Only	
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FOR OFFICE USE ONLY:	# OF DAYS DUE # OF DAYS REQUESTED # OF DAYS LEFT	WEEK ENDING

Time Off Request Form

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O RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING PRAND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES.
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6-26-2000 ZAPPROVED CIDISAPPROVED DATE
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Time Off Request Form

<i>[</i>]	c On Reduest Form
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Date of Hire 6/6/94	Department Wire Warl
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Day/Date(s) Requested	ey only
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Kichard Satahell Employee's Signature	7-29-2004 Date
Jany Januar - SUPERVISOR'S SIGNATURE	01 JAN 2 1-25-2001 CIAPPROVED CIDISAPPROVED DATE
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Joseph Street STRATE	RE.	$\frac{5-2-3}{\text{DATE}}$	2001 □APPROVEI) CIDISAPPROVED
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LANT MANAGER'S SIGN	ATURE	DATE		DDISAPPROVED
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	MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday				
SECTION 1 To Be Complete	ed by Employee Date of F	SS#	Unio	-Union Hourly	
VACATION:					
□ ½ Day □ Full Day(s)	Date Requested				
	money only	(circle one) (Calendar Annive			
contact my supervisor and the Hum	an Resources Department to	next scheduled work day. If anythin advise them of my circumstances. I	g should prevent n hey will counsel a	ny return, I will ccordingly.	
L Richard Sato		Date	1/18/05	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
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Days Remaining:		Days Requested Days Remaining	3:	·	
	(1-2=3)	JAN 19 2222			
		Allen at the state of the state			
Human Resources Representative'	s Signature	Date			
SECTION 3 To Be Comp	leted by Employee's Supervis	sor(s) and/or Manager(s)			
SUPERVISOR: Approved	Disapproved [SUPERINTENDENT:	Approved \square	Disapproved []	
Signature	Date	Signature		Date	
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Signature	Date	Signature		Date	
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Time Off Request Form

Name Kichard	atchell	S.S.#	
Date of Hire	e 94	D	epartment Sindland
DUANTON	□ NON-UNIO	N HOURLY	OSALARIED SEDE
(CHECK ONE): Vacation		Personal/Floa Holiday - Cale	ting ·
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Day/Date(s) Requested \checkmark	noney or	My	
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Killiand Satchell Employee's Signature		<u> (0/1/0</u>	9: JUN
		Date	
SUPERVISOR'S SIGNATURE	·····	DATE	MAPPROVED CIDISAPPROVE
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FOR OFFICE	USE ONLI: # OF DAYS I	OUE	WEEK 5.001

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday				
	O Ve G4 Dept. 51022- Union O Non-Union Hourly O Salaried			
VACATION:	G Sarated			
☐ ½ Day Date Requested				
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FLOATING HOLIDAY: Date Requested Tues, Aug. 5,200	(circle one) 3 Calendar Anniversary			
I understand that if this request is granted, I am to return on the next so contact my supervisor and the Human Resources Department to advise Luchaud Latthell Employee Signature	cheduled work day. If anything should prevent my return, I will			
NOTE: This form must be completed and received by the Human Resc If 2-week notification is not given, vacation/holiday pay may be delayed				
SECTION 2 To Be Completed by Human Resources Vacation	Floating Holidays			
1) Total Days Due:	Total Days Due:			
2) Days Requested:	Days Requested:			
3) Days Remaining:	Days Remaining:			
(1 - 2 = 3)				
Human Resources Representative's Signature	Date			
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)				
SUPERVISOR: Approved J Disapproved A	SUPERINTENDENT: Approved □ Disapproved □			
Signature Date 0	Signature Date			
FOREMAN: Approved □ Disapproved □	PLANT MANAGER: Approved □ Disapproved □			
Signature Date	Signature Date			

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Request 1	MOUNTAIRE Request for Vacation or Floating Holiday				
SECTION 1 To Re Completed by Employs	-	Δ.		Dept.	
Employee Name: Richard Sato	hell	SS#		1] Hourly Salaried
VACATION: ☐ Other Date Reques	Time Re	quested FR	ОМ	то	
·	sted FROM		то		
FLOATING HOLIDAY: Date Requested	yonly.	Calendar	rele one) Anniver	sary	
I understand that if this request is granted, I am to contact my supervisor and the Human Resources	reliefn on the next sche Department to advise th	duled work d	ay. If anything cumstances. Th	should prevent m ney will counsel ac	y return, I will cordingly.
Richard Datehell		_	Date	2/4/04	
NOTE: This form must be completed and receiv off. If 2-week notification is not given, vacation/	ed by the Human Resou noliday pay may be dela	rces Departm yed.	ent at least 2 w	reeks prior to the re	equested day(s)
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Vacation			<u>Fl</u>	oating Holida	ys
2) Days Taken:		(1) L D	otal Days Eligit ays Taken: ays Requested:		
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Human Resources Representative's Signature			Date		
SECTION 3 To Be Completed by Emplo	yee's Supervisor(s) and	Vor Manager	(s)		
SUPERVISOR: Approved Disapprove			TENDENT:	Approved □	Disapproved 🗆
Signature D	ate	Signature			Date
FOREMAN: Approved Disapprov	ed 🗆	PLANT N	IANAGER:	Approved □	Disapproved [
Signature E	Pate	Signature			Date
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	MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday				
SECTION 1 To Be Co	ompleted by Employee Date	of Hire 5/201	<u> </u>	Dept	(622_
Employee Name:	ayward Savac	L SS#		Uni Uni U Nor	n-Union Hourly
□ ½ Day	Date Requested				
☐ Full Day(s)				alsend	vid 4/E 5-17
FLOATING HOLIDAY:	ested Thus. Sept		e one) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, ,	va ve o v
I understand that if this requ contact my supervisor and th	I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly. **The Manual Counsel accordingly to the Date of the Dat				
	ompleted and received by the H given, vacation/holiday pay may		at least 2 we	eeks prior to the re	quested day(s) off.
LOGO MORY Z		SEP 0 5 2003 WEEK ENDING	FI Days Due: Requested:	oating Holida	93 222 1 ys
3) Days Remaining: Days Remaining: (1 - 2 = 3)					
Human Resources Represent	ative's Signature		Date		***************************************
SECTION 3 To Be C	Completed by Employee's Supe	ervisor(s) and/or Manager(s)			
SUPERVISOR: Approved	Disapproved []	SUPERINTE	ENDENT:	Approved 🗆	Disapproved []
Signature Signature	Date	Signature			Date
FOREMAN: Approved	I ☐ Disapproved ☐	PLANT MAI	NAGER:	Approved [Disapproved []
Signature	Date	Signature			Date
NOTE: PINK TO IF DISAPP	NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.				

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MOUNTAIRE Request for Vacation or Floating Holiday			
	4		
SECTION 1 To Be Completed by Employee Date of Request 21304 Dept 5622	-		
Employee Name: Hayward Sanlage SS#			
VACATION: TO			
☐ Full Day Date Requested			
Extended Period Dates Requested FROM TO			
FLOATING HOLIDAY: Date Requested			
I understand that if this request is granted, I am to eturn on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.			
Hayward Savage Employee Signature Date Date			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s)			
off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources DATE OF HIRE: 5 120 1 02			
Vacation Floating Holidays			
Total Days Eligible: Total Days Eligible:			
1) Total Days Eligible: Total Days Eligible: 2) Days Taken: Days Taken:			
3) Days Requested: 558 14 000 Days Requested:			
4) Days Remaining: Days Remaining: (1 · 2 · 3 - 4)			
Human Resources Representative's Signature Date	_		
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved Disapproved SUPERINTENDENT: Toproved Disapproved			
Signature Date Signature Date			
FOREMAN: Approved Disapproved Disapproved Disapproved			
Signafure Date Date Date			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAI Request for Vacation or 1	14			
Employee Name: Nam	5 5 05 Dept. 5 22-4 Hourly Salaried			
☐ Full Day ☐ Date Requested ☐ Extended Period ☐ Dates Requested FROM ☐ FLOATING HOLIDAY:	uested FROMTO TO (circle one) Calendar Applyersary			
Date Requested Calendar Anniversary I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly. Employee Signature				
SECTION 2 To Be Completed by Human Resources Vacation 1) Total Days Eligible: 15 15 1533 2) Days Taken: 15 1533 3) Days Requested: 10 15 1533 4) Days Remaining: (1 - 2 - 3 = 4)	Total Days Eligible: Days Taken: Days Requested: Days Remaining:			
Human Resources Representative's Signature	Date			
SECTION 3 To Be Completed by Employee's Supervisor(s) and/o	SUPERINTENDENT: Approved Disapproved Signature Date			
FOREMAN: Approved \(\text{D} \) Disapproved \(\text{D} \) Signature \(\text{Date} \)	PLANT MANAGER: Approved □ Disapproved □ Signature Date			
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE THE DESCRIPTION OF THE PROPERTY OF THE PROPER	TO PERSONNEL/VACATION FILE.			

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
	5/20/02 Dept. 5620				
Employee Name: Hayward Savage ssH.	- Non-Union Hourly - Salaried Hold artil We 5-/7-03 West				
VACATION: / UK	Hold until 4 = 5-17-03				
☐ ½ Day Date Requested	Weet				
☐ Full Day(s) Date(s) Requested	1 only				
FLOATING HOLIDAY: Date Requested Money on Ly	(circle one) Calendar (Anniversary)				
I understand that if this request is granted, I am to return on the next sch contact my supervisor and the Human Resources Department to advise th	nem of my circumstances. They will counsel accordingly.				
Nayward Savace Employee Signature	$\frac{4/29/03}{Date}$				
NOTE: This form must be completed and received by the Human Resour If 2-week notification is not given, vacation/holiday pay may be delayed.	ces Department at least 2 weeks prior to the requested day(s) off.				
SECTION 2 To Be Completed by Human Resources					
Vacation	Floating Holidays				
1) Total Days Due:	Total Days Duc:				
2) Days Requested:	Days Requested:				
3) Days Remaining:	Days Remaining:				
(1 - 2 = 3)	1017 17 203				
Human Resources Representative's Signature	Days Remaining: MAY 17 2003 Date Date				
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)					
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved Disapproved				
Signature Date 129/03	Signature Date				
FOREMAN: Approved Disapproved	PLANT MANAGER: Approved □ Disapproved □				
Signature Date	Signature Date				
NOTE: PINK TO EMPLOYEE. YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE, IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.					

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